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Country programme document

India

Summary

The country programme document (CPD) for India is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $ $301,615,000 from regular resources, subject to the availability of funds, and $350,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. The Government of India and UNICEF country programme 2018-2022 was developed at a critical juncture, as Government finalizes national priorities to respond to key development challenges over the next 15 years and achieve the Sustainable Development Goals. The country programme has the unique opportunity to contribute to the larger development agenda for children, and synchronise with global, national, state and United Nations Sustainable Development Framework (UNSDF) priorities.

2. With 1.2 billion people and the world's fourth-largest economy, the recent growth and development of India has been a globally significant human development achievement. Life expectancy has more than doubled, literacy rates have quadrupled, health conditions have improved, and a sizable middle class has emerged. The number of people living in extreme poverty ($1.90 a day) has declined to 21 per cent, but 58 per cent of people remain poor ($3.10 a day).[1] India ranks 130 out of 188 on the Human Development Index in 2015.[2] However, with a combination of high economic growth and human development progress, India is on the path to reducing inequality.

3. Significant access and quality achievements have been made in education; about 70 million children attend pre-primary, primary enrolment is near-universal, participation in upper-primary has increased and reading and arithmetic scores have improved in publicly funded schools in the early grades in seven states: Chhattisgarh, Gujarat, Maharashtra, Punjab, Haryana, Telangana and Uttarakhand. In addition, reading levels have increased by 7 per cent at the grade-3 level since 2014.[3] Disparities have decreased with regard to the number of out-of-school children. Gender and other social gaps have been addressed through provisioning of schools (toilets for girls/boys and drinking water) and cash-transfer schemes.

4. A strong legislative/policy environment for education exists, and the draft National Education Policy provides for two years of pre-primary education. In 2013, the Government adopted the National Early Childhood Care and Education Policy, signifying the importance of early childhood development (ECD) and its impact on breaking the intergenerational deprivation cycle. Efforts are being made to reduce school dropout. An estimated 6.1 million children aged 6-13 years remain out of school,[4] while another 20 million children do not attend preschool. Between 2010 and 2016, more than 13 million students moved from public to private schools.[5]

5. Health indicators have improved. From 1990-2015, under-5 mortality declined by 66 per cent and the maternal mortality ratio fell by 68 per cent. Progress has been slower for neonatal mortality, with a 29 per cent decline during the period 2008-2015; neonatal mortality contributes to 58 per cent of under-5 deaths. This rate also has been inequitable, with wide variations between and within states; rural, urban and urban poor; and across gender, caste and wealth quintiles.

[1] World Development Indicators 2016, World Bank Group.
[2] Human Development Report 2015, United Nations Development Programme (UNDP).
[3] Status of the Education Survey 2016.
[4] National Sample Survey of Estimation of Out-of-School: Children in the Ages 6-13 in India, Social and Rural Research Institute
[5] District information system for education data.

6. More children are being breastfed and between 2006 and 2016, stunting among children under the age of 5 fell from 48 per cent to 38 per cent. About 21 per cent of children under the age of 5 are wasted,[6] with stunting prevalence higher among Scheduled Castes (43 per cent) and Scheduled Tribes (44 per cent).

7. The Government has introduced policy and legislative measures to improve the nutritional situation of children and women. The Right to Food Act reaffirms the Government's commitment to securing this right for all children through access to and the provision and promotion of essential nutrition and care services.

8. The Government has made the achievement of "Clean India" a high priority supported by increased budget allocations for the elimination of open defecation. Access to improved sanitation has increased sharply, from 17 per cent (1990) to 42 per cent (2013/2014). National-level disparities remain by location, social group and wealth quintile; the poorest households are 40 times more likely to follow the practice than the richest.[7]

9. The flagship Integrated Child Development Scheme (ICDS) covers health-care services and nutrition, immunization and preschool non-formal education for children younger than 6 years. Sustained efforts have resulted in the elimination of polio and maternal/neonatal tetanus.

10. Since 2009, the Government has supported an integrated child protection scheme and has developed a robust legal framework for protection.[8] While regional disparities exist, child marriage has significantly decreased, from 47 per cent (2006) to 27 per cent (2016).[9] To address girls' vulnerability, programmes that address child sex ratio, as well as on girls' empowerment under a life-cycle continuum, are being implemented. The country's first 24/7 free outreach service for children, Childline, is expanding nationwide. Meanwhile, the number of child workers has declined over the last 40 years yet there are 10.1 million child workers aged 5 to 14 years (2011).

11. The 705 Scheduled Tribes constitute 8.6 per cent of the total population and 10.2 per cent of the child population, with 92 per cent of tribal people living in rural areas. More than 2 in 5 tribal households are in the poorest wealth quintile, compared with just over 1 in 10 non-tribal households. Nationally, 45 per cent of rural tribal people remain below the national poverty line, compared with 25 per cent for all groups. Tribal people face challenges related to livelihood opportunities; chronic health issues; identity and governance; lack of human resources, infrastructure and institutions; and the exploitation of natural resources

12. Gender equality has made gains as a result of legislative and policy measures, social-protection schemes for girls and adolescents, and gender-sensitive budgets. India has attained gender parity in primary enrolment and boosted female literacy from 54 per cent (2001) to 66 per cent (2011).[10] Gender-based discrimination and violence continues to be a challenge. India ranks 130 out of 155 countries in the 2015 global gender inequality index. There are higher under-5 mortality rates among girls than boys (13 per cent). Many women

[6] International Institute for Population Sciences, National Family Health Survey (NFHS)-4 2015-16.
[7] World Health Organization (WHO) and UNICEF (2015). *Progress on Drinking Water and Sanitation: 2015 Update and MDG Assessment*. Geneva and New York: WHO.
[8] Including the Juvenile Justice Act; Child Marriage Prohibition Act; Protection of Children from Sexual Offences Act; and Child Labour Prohibition and Regulation.
[9] NFHS-3 and NFHS-4.
[10] Census 2011.

face overlapping social, emotional, physical, economic, cultural and caste-related deprivations.[11]

13. Adolescent girls face vulnerabilities, including poor nutritional status, early marriage and early childbearing, and issues related to reproductive health and empowerment while 56 per cent are anaemic.

14. Vulnerabilities to natural hazards, particularly floods and drought, continue to be a challenge while the national emergency response capacity has increased significantly in recent years.

15. Common barriers that impede equitable results include: (a) capacity and systems at state and local levels to deliver quality services; (b) the need for more robust data for planning and monitoring programmes; (c) the level of implementation of policy provisions and flagship programmes; (d) inequitable and inefficient budget allocations and expenditures; and (e) knowledge gaps, coupled with harmful social norms and practices.

16. Lessons learned from the previous country programme, confirmed by consultations with partners, highlight the importance of convergent multisectoral programming following a life-cycle approach that addresses social and behavioural norms, with a focus on marginalized groups and gender inequalities.

Programme priorities and partnerships

17. Consistent with the UNICEF Strategic Plan, the goal of the country programme is to contribute to national efforts to enable all children, especially the most disadvantaged and excluded, to have their rights progressively fulfilled and to develop their full potential in an inclusive and protective society.

18. To address system-wide bottlenecks that impede children's rights, the country programme will:

(a) Foster cross-sectoral programming that responds to each child as a whole;

(b) Improve the delivery of essential services to the most disadvantaged children, directly and through the strengthening of policies, systems and institutions for capacity development;

(c) Strengthen gender-informed and gender-responsive programming in all areas;

(d) Generate, analyse and promote the use of, with an equity focus, evidence and data on child well-being;

(e) Strengthen policies, effective planning and implementation with government partners;

(f) Promote behaviours that generate demand for and the uptake of services, and foster social norms that contribute to child rights;

(g) Apply differentiated programme engagement at the national and state levels to respond to the diversified context and scale of equity issues in the states, focussed on high-burden states.

[11] *The Lancet* 2006, 367: 211-218.

19. Taking into account the Sustainable Development Goals and the national development agenda, UNICEF will prioritize support to the Government to mainstream the Goals into polices, plans and monitoring at the national and decentralized levels and to strengthen policies and systems to generate and use quality data.

20. Existing partnerships with the public and private sectors and with civil society will be strengthened within the framework of the Child Rights and Business Principles. India's position as a critical global development partner presents opportunities for South-South cooperation.

21. The country programme will be implemented through eight interrelated outcomes, which address gaps in the enabling environment, including social norms and the quality of and demand for services pertaining to the full development of the child in a life-cycle approach that focuses on the windows of opportunity in early childhood and adolescence.

Programme component 1: Reduction of child and maternal mortality

22. The component is aimed at ensuring that pregnant women, newborns, children and adolescents in UNICEF programming states have equitable access to and use quality health services at all levels, with a focus on marginalized groups.

23. It will address the high burden of mortality and morbidity, aligned with the national reproductive, maternal, neonatal and child health plus adolescents strategy. The prioritization of deprivations and interventions to be addressed will vary by the typology of states, geographies, burden and dimensions of inequity.

24. The priority results and strategies are the following:

(a) Engagement and collaboration with the Government on relevant policy advocacy and dialogue on the unfinished agenda of Millennium Development Goals 4 and 5, and on emerging child-health issues such as ECD, universal health coverage and adolescent health;

(b) Catalytic programmatic support, through identifying best practices and promoting them at scale;

(c) Contextualised support for maternal and child health programming;

(d) Advocacy and technical support for increased access to quality essential maternal and child health services, including skilled birth attendance; essential newborn health; immunization; early detection and management of birth defects and developmental delays; and reducing mortality through the prevention and treatment of childhood pneumonia, malaria, diarrhoea and HIV/AIDS;

(e) The promotion of gender and an equity focus on the health of the girl child and marginalized communities;

(f) Convergent multisectoral programming , including nutrition, water, sanitation and hygiene (WASH), education and child protection;

(g) Strengthening partnerships with health professional societies, civil society, bilateral and multilateral organisations, such as Gavi, the Vaccine Alliance and non-governmental organizations (NGOs), under government leadership.

Programme component 2: Reduction of undernutrition of children and adolescent girls

25. The component is aimed at reducing stunting and wasting in children under the age of 2 years, as well as malnutrition in adolescent girls and women before, during and after pregnancy.

26. The focus will be on reducing disparities and prioritizing improvements in nutrition among the poorest wealth quintile and disadvantaged groups (Scheduled Castes and Scheduled Tribes). Priority will be given to improving complementary feeding and addressing severe acute malnutrition (SAM). Improving behaviours and attitudes, community norms and the demand for and use of services will be addressed through programme communication and partnering with local governments and communities.

27. The priority results and strategies are the following:

(a) Assist the Government at the national and state levels to apply a strong equity lens and ensure that disaggregated data are used to accelerate the provision nutrition interventions under ICDS, the National Health Mission and the National Rural Livelihood Mission;

(b) Support National and State Nutrition Missions, to improve both governance and multi-sectoral coordination for maternal, adolescent and child nutrition outcomes, through key nutrition, WASH, poverty alleviation and health responses. Support for convergence between ICDS, the National Health Mission and the Rashtriya Kishor Swasthya Karyakram health programme for adolescents will foster improved coordination for nutrition and deliver nutrition-specific and nutrition-sensitive interventions ;

(c) Strengthen the capacity of frontline functionaries in nutrition and health and the most relevant nutrition-sensitive sectors and their institutions to improve the quality of training curricula and counselling tools and approaches, focused specifically on complementary feeding, adolescent girls' and maternal nutrition and SAM;

(d) Assist state Governments to develop and implement at-scale behaviour-change communication for improving feeding and caring practices, hygiene and parenting skills through frontline workers and community groups;

(e) Strengthen the Management Information System of the Ministry of Women and Child Development by enhancing monitoring, reporting and evaluation;

(f) Facilitate technical exchange at the state and national levels to design and deliver policies, strategies, programmes and guidelines, based on good practices.

Programme component 3: Safe and sustainable water, sanitation and hygiene services

28. The component will support national flagship programmes, including the Clean India Mission to eliminate open defecation; the WASH in Schools initiative, including for preschools; health facilities programmes; and the rural water supply programme.

29. Currently, there is a unique window of opportunity to support unprecedented achievements, notably to decrease the number of open defecators by 450 million, doubling the proportion of the population practising handwashing with soap and increasing the population using safely managed drinking water by 100 million.

30. Priority results and strategies:

(a) Developing the capacity to implement district-wide implementation models that incorporate behaviour change and integrate successful approaches into state and national operational guidelines;

(b) Strengthening the social and behavioural change approaches focused on the use of toilets and handwashing with soap, while enhancing the sustainability of open-defecation-free outcomes;

(c) Fostering public-private partnerships and promoting at-scale innovations, such as affordable financing options to ensure equitable access to facilities; an online district planning and knowledge diffusion tool to strengthen the district-wide approach and cross-learning; and low-cost technologies for affordable WASH facilities and services;

(d) Supporting convergent programming with nutrition to reduce stunting; WASH in Health to ensure child survival and reduce sepsis; WASH in Schools, including menstrual hygiene management, to improve education outcomes, especially for adolescent girls; strengthened community resilience through water-safety planning; and regulation for water-resource management to mitigate the impacts of natural disasters and climate change;

(e) Analysing data and generating and disseminating evidence to strengthen the performance of national programmes.

Programme component 4: All girls and boys learn

31. The component will strengthen government efforts to ensure that all children enjoy a quality education and learn. This will reduce gender and social disparities and equip children with the knowledge and skills for next levels of education and social change. This will be achieved through improved school readiness for children ages 3 to 5 years; support to improve attendance, participation and completion, especially for girls; and support to improve learning in a safe and protective environment.

32. The programme is aligned with the Government's legislative and policy framework for education, including the Right to Education Act 2009, the draft National Education Policy, and the National Early Childhood Care and Education programme 2013, as well as Sustainable Development Goal 4.

33. Emphasis will be on supporting improved education governance; developing the capacity of institutions to scale up the delivery of quality education; engagement with partners and influencers and decision makers to scale up access for adolescent girls; and the participation of communities and parents.

34. Priority results and strategies:

(a) Strengthening systems that produce reliable data and generating evidence on inequities in access, participation and learning and the transition of pupils from elementary to secondary schooling;

(b) Supporting the Government in planning, budgeting, implementation and monitoring by the generation and use of data and evidence to reach "last mile" children through enhanced coordination and multi-stakeholder involvement;

(c) Ensuring the convergence between the Ministries of Women and Child Development and Human Resource Development to enhance early childhood care and education and school readiness, and to ensure that all children complete quality education. Coordination and convergence to address the health issues of adolescent girls will be facilitated by the Ministries of Health and Family Welfare and Human Resource Development.

(d) Increasing the capacities of key state institutions and civil society organizations to deliver quality pre-primary and elementary education through professional teacher development, supportive supervision and monitoring and enhanced assessments.

(e) Adopting behaviour-change strategies to influence sociocultural practices and norms that have precluded children's education, particularly for girls, children with special needs and children from certain social and cultural backgrounds;

(f) Supporting a strategy for inclusive education through the early identification of children with disabilities and special needs and bringing in best practices and expertise.

Programme component 5: Protection of children from violence, abuse and exploitation

35. The component will support the Government in strengthening child- protection systems that reinforce preventive strategies and responsive mechanisms through strengthening budgeting, governance, processes and the execution of national legislation, policies and programmes; supporting the development and specialization of the child protection workforce; enhancing programmes to prevent violence against children and harmful practices; and improving evidence generation and the quality and use of data.

36. The programme, aligned with Sustainable Development Goals 5, 8 and 16, will address core child-protection issues, including child marriage, child labour and violence.

37. Priority results and strategies:

(a) Contribute to the capacity-building of the specialized child-protection workforce at the district level and below, through practice standards, skills development, accreditation and the introduction of performance-management mechanisms;

(b) Support government information systems to generate and use data on child-protection issues and the performance of services;

(c) Strengthen government institutions and service providers to promote standards of care, the prevention of family separation and the modelling of family- and community-based care to address child-protection issues, including for children without family care;

(d) Support the development and implementation of programmes to enhance the skills and participation of adolescents, with further engagement of parents and communities;

(e) Develop a model programme to prevent violence against children, including child safety online, with a focus on strengthening parenting practices and the role of community leaders;

(f) Strengthen public finance mechanisms for the implementation of child-protection legislation and policies, including costing and financing models; financial performance reviews; and improved budget planning and monitoring.

Programme component 6: Inclusive social policy

38. The component will be focused on support for policies and systems that ensure all children, particularly the most disadvantaged and excluded, progressively benefit from effective, inclusive social services and social-protection systems. These should be based on equity-focused evidence that supports implementation and monitoring of the Sustainable Development Goals.

39. The programme will address key bottlenecks by supporting the strengthening of multisectoral plans and public financing for children. Likewise, it will support governance and monitoring systems and social-protection schemes to make them more child-sensitive, with a life-cycle focus on the prenatal period, early childhood and adolescents.

40. Priority results and strategies:

(a) Contribute to evidence-based planning, development and implementation of social-protection policies and programmes by strengthening the government capacity to operationalize social-protection systems that leave no child behind;

(b) Foster institutional links and convergence among the Ministries of Women and Child Development, Health and Family Welfare, and Rural Development as well as with Panchayati Raj institutions and others. Integrate information systems between different departments and ministries for integrated social protection;

(c) Support measures to strengthen public financing for children, adolescents and women to increase investments in policy implementation supported by effective monitoring and evaluation (M&E) systems;

(d) Support measures to strengthen local governance structures, data and information systems and capacity development for Panchayat Raj institutions at the national and decentralized levels, enhancing the capacity to plan, implement and deliver social services for accountability and ensure the participation of adolescents and women;

(e) Support the strengthening of government capacities to monitor and evaluate achievements against the Sustainable Development Goals. Review national and state data collection and monitoring systems in collaboration with the Ministry of Statistics and Programme Implementation, with a focus on data for children and the Goals;

(f) Support states to strengthen systems for birth registration and a single-registry system to ensure that social services and protection reach the most marginalized and vulnerable.

Programme component 7: Public- and private-sector engagement for child rights

41. UNICEF will engage with the Government and the private sector and play an important role in convening public and non-public stakeholders around children's issues at the global, regional and local levels. The component is aimed at increasing the knowledge of the public and private sectors regarding the impact of business policy on children and communities and promoting responsible business practices.

42. Priority results and strategies:

(a) Support enhanced collaboration between the public and private sectors through synergistic approaches and contributions of financial and non-financial resources;

(b) Strengthen initiatives with targeted businesses and key stakeholders;

(c) Increase commitment and action by key business stakeholders to promote, support, respect and fulfil child rights.

Programme component 8: Programme effectiveness

43. The component is aimed at ensuring that the country programme is efficiently designed, monitored, managed and supported. It covers cross-sectoral support to all

programme components and coordination; social- and behavioural-change communication, advocacy; and partnerships, all aimed at facilitating public dialogue and engagement, fostering knowledge-sharing and creating an enabling environment and linkages to enhance the uptake of social services and nurture positive behaviours. This will include guidance and technical support on performance monitoring; knowledge management; risk analysis, disaster risk reduction and climate resilience; field services; gender mainstreaming; and supply and information technology, as well as office compliance with carbon-offsetting standards.

Summary budget table

Programme component	*(In thousands of US dollars)*		
	Regular resources	*Other resources*	*Total*
Health	53 000	98 000	151 000
Nutrition	43 800	56 700	100 500
Water, sanitation and hygiene	30 000	54 000	84 000
Education	30 000	52 000	82 000
Child protection	30 000	56 000	86 000
Inclusive social policy	25 000	4 000	29 000
Public- and private-sector engagement for child rights	2 100	2 900	5 000
Programme effectiveness	87 715	26 400	114 115
Total	**301 615**	**350 000**	**651 615**

Programme and risk management

44. The Ministry of Women and Child Development is the main coordinating body providing strategic direction for implementation of the country programme. In addition, programme components and outcomes will be managed with relevant ministries, state governments, government agencies and intersectoral coordinating bodies, in collaboration with parastatal organizations, CSOs and academia.

45. Risks associated with climate change may adversely impact the implementation of the country programme. UNICEF will expand its partnerships and strengthen communication and evidence-based advocacy, while supporting the Government in risk-informed programming and the regular monitoring of disaster risks. Programme implementation risks related to fund transfers will be monitored through regular updates of risk-management tools, performance reviews of office management targets and standards and adherence to quality, value for money and principles of the harmonized approach to cash transfers.

46. Internally, UNICEF will continue to use the collaborative results team approach, given that outcomes and outputs are cross-sectoral, particularly in the case of ECD and adolescents.

47. UNICEF will monitor results through annual management plans, work plans and internal and peer reviews to assess key strategic, programmatic, operational and financial risks, and to define risk control and mitigation measures. UNICEF will continue to monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources.

48. Bilateral donors, multi-donor global- and country-level partnerships, international foundations, the private sector and UNICEF National Committees will be engaged for results and resources for children, supplemented by UNICEF core resources.

49. The CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the state, country, regional and headquarters levels are prescribed in the organization's policies and procedures.

Monitoring and evaluation

50. Progress will be monitored using indicators in the results and resources framework at the outcome level through national and state data systems to reduce the data collection and reporting burden. Progress will be monitored at all levels, focussed particularly on reducing barriers and bottlenecks and disaggregating data to reveal and address inequity and gender differences. UNICEF will support the strengthening of government capacity and monitoring systems to systematically track progress of the most marginalized groups.

51. UNICEF will work with other United Nations organizations to further strengthen government capacities to monitor and evaluate achievement against the Sustainable Development Goals. For this purpose, national and state data-collection systems will be reviewed with the Ministry of Statistics and Programme Implementation to align with reporting requirements for Goal indicators.

52. UNICEF will conduct a midterm review of the country programme with the Government. An agile managing-for-results approach will facilitate real-time strategic shifts that keep pace with the evolving programme environment at the state and national levels.

53. The costed evaluation plan will provide evidence on results, while the plan for research, impact-monitoring and evaluation will further frame the UNICEF evidence generation agenda.

Annex

Results and resources framework

India – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 2,3,6,7,8,9,12,13,15,17,18,19,20,21,23,24,25,26,27,28,29,32,34,35,36,39 and 40 **National priorities:** Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy, Child Survival Call to Action, Every Newborn Action Plan, Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea), Global Vaccine Action Plan, Swachh Bharat Abhiyan, Right to Free and Compulsory Education Act, National Early Childhood Care and Education Policy, Juvenile Justice (Care and Protection of Children) Act, Protection of Children from Sexual Offences Act, Integrated Child Protection Scheme, Integrated Child Development Scheme and the National Development Agenda. **Sustainable Development Goals:** 2,3,4,5,6,10,11,12,16 and 17
UNDAF outcomes involving UNICEF: 1. By 2022, institutions are strengthened to progressively deliver universal access to basic services, employment and sustainable livelihoods to the poor and excluded, in rural and urban areas; 2. By 2022, more children, young people and adults, especially those from vulnerable groups, enjoy access to quality learning for all levels of education; 3. By 2022, there is improved and more equitable access to and utilization of quality, affordable health and nutrition and water and sanitation services. **Outcome indicators measuring change that includes UNICEF contribution:** Neonatal mortality rate, percentage of adolescent girls who are already mothers or pregnant, percentage of children fully immunized, percentage of children below 5 years stunted or wasted, percentage of adolescent girls undernourished, rural households practising open defecation, percentage using safely managed drinking water , number of elementary-school-age out-of-school children, percentage of children achieving minimum proficiency level in reading and mathematics, completion rate at primary and upper-primary level, percentage of women (20-24 years) married by 18 and social protection Percentage of identified key business stakeholders that have contributed to and, advocated, demonstrated respect and support for child rights, percentage of companies spending corporate social responsibility budgets on national priorities linked to the Child Rights Agenda. Percentage of management and programme priority indicators meeting the global scorecard benchmarks.
Related draft UNICEF Strategic Plan, 2018-2021[1*] outcome(s): 1 – 5

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
Pregnant women, newborns, children and adolescents have equitable access to and utilize quality health services at the community, outreach and facility levels, with a focus on marginalized groups and the girl child.	Neonatal mortality rate per 1,000 live births Baseline: 25 Target: 19	Sample Registration System	Output 1: Quality maternal, newborn and adolescent health-care services in community and health facilities Output 2: Quality health-care services for immunization and prevention and treatment of childhood illnesses Output 3: Disaggregated data and evidence for prioritizing policy, planning, monitoring and budgetary actions	Ministries of Health and Family Welfare and Women and Child Development MoWCD), World Health Organization (WHO), United Nations Population Fund, United Nations Development Programme	53 000	98 000	151 000
	Percentage of adolescent girls (15-19 years) who are mothers or pregnant at the time of survey Baseline: 7.9% Target: <5%	National Family Health Survey (NFHS) 4 and 5					
	Percentage of children fully immunized Baseline: 62% Target: 90% at National level; no state <80% ; no district <75%	NFHS 4 and 5					
Infants, young children, adolescent girls and mothers equitably benefit from high-impact nutrition interventions.	Proportion of children under five years of age who are stunted (moderate and severe) Baseline:38.4% Target:29.3%	NFHS 4 and 5	Output 1: Scale up essential nutrition and care services for infants and young children. Output 2: Scale up services for treatment of severe acute malnutrition. Output 3: Scale up nutrition services for adolescent girls and women. Output 4: Strengthen systems for multisector coordination, finance planning, monitoring and data-driven decision-making.	MoWCD, Health and Family Welfare, and Human Resource Development (MoHRD), Food and Agricultural Organization of the United Nations, World Food Programme	43 800	56 700	100 500
	Proportion of children under five years of age who are wasted (moderate and severe) Baseline: SAM: 21% Target: 10.3%	NFHS 4 and 5					
	Percentage of adolescent girls (10-19 years) who consumed an iron folic acid tablet in week preceding the survey	Comprehensive National Nutritional Survey 2018, NFHS 5					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	Baseline: TBD Target: 10% point increase from CNNS						
Infants, young children, and caregivers, especially the most vulnerable, have equitable access to and use sustainable, safe, and affordable water, sanitation and hygiene (WASH) services (including in institutions) across the lifecycle.	Percentage of rural households from different socioeconomic groups practising open defecation Baseline: 59% Target: 20%	Rapid Survey of Children 2013-14, Joint Monitoring Programme for Water Supply and Sanitation (JMP)	Output 1: Scale up delivery of quality hygiene and safe-sanitation services. Output 2: Plan and implement delivery of safe drinking water in selected settings. Output 3: Plan and implement delivery of WASH package in schools and health-care facilities. Output 4 Increase institutional capacity to support social and behavioural change.	Ministries of Drinking Water and Sanitation; MoHRD; and Health and Family Welfare, World Bank, WaterAid	30 000	54 000	84 000
	Proportion of rural population using a safely managed drinking water service at the community level Baseline: 49% Target: 69%	JMP 2016					
Girls and boys, particularly the most disadvantaged, participate in quality early-childhood and elementary education,[1] with learning outcomes at grade-appropriate level	Number of elementary school age children out of school Baseline: 6.06 million Target: 3 million	Out-of-school children study 2014	Output 1: Increase capacity for coordination and evidence -based policies, planning, implementation and monitoring for quality education. Output 2: Increase capacity to ensure age- and developmentally appropriate pre-primary education for school readiness.	MoHRD, MOWCD, World Bank	30 000	52 000	82 000
	Percentage of children (3-6 years) who complete preschool at a developmentally appropriate level[2]	Survey 2021					

[1] Elementary education is the equivalent of primary and lower-secondary education globally.
[2] Developmentally appropriate level is defined as: achieve at least more than half of the skills in three of the four developmental domains i.e., literacy, numeracy, physical development and socioemotional development.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Baseline: 32% Target: 60%		Output 3: Increase capacity to deliver elementary education for out-of-school children. Output 4 Enhance capacity to deliver quality education for improved learning outcomes in elementary education. Output 5: Enhance capacity to generate demand for quality education through advocacy, social and behaviour change and social protection.				
	Percentage of children achieving minimum proficiency level in reading and mathematics at grades 3, 5 and 8 Baseline: 43% in reading; 49% in math (for grade 5) Target: 5% improvement	National Achievement Survey 2018/19					
	Completion rate at primary, Upper Primary and Lower Secondary[4] level Baseline: 78% Target: 87%	National Sample Survey Office, UNESCO Institute of Statistics					
Parents, communities and stakeholders adopt positive practices supported by preventive and responsive child-protection services that protect and empower children and adolescents.	Percentage of women (20-24 years) married before the age of 18 years Baseline:26.8% Target:21.4%	NFHS 4 and 5	Output 1: Strengthen child-protection systems and structures in selected states to deliver child protection services Output 2: Strengthen systems of justice for children. Output 3: Strengthen systems for the prevention of child marriage, labour and violence against children (VAC). Output 4: Communities have access to	MoWCD Judiciary, Police, Legislators, national and state commissions for the protection of child rights	30 000	56 000	86 000
	Percentage of children with pendency beyond four months in Child Welfare Committee in the previous six months Baseline: TBD Target: 20%	Integrated Child Protection Scheme, Management Information System					

[4] Lower secondary denotes grades 9 and 10.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			information and support to prevent child marriage and labour and VAC.				
Social policies and strategies inform more effective and efficient planning, budgeting and implementation of social service programmes for reducing inequities and gender inequalities, especially for the most vulnerable and marginalized children and adolescents.	Strategic framework developed for integrated social protection at the national and state levels Baseline: 0, 1 Target: 1, 5	Strategy Paper	Output 1: Enhance capacity to plan, integrate, implement and monitor social-protection programmes for children, adolescents and their families. Output 2: Enhance capacity for public finance for children and adolescents during critical stages of the life cycle. Output 3: Strengthen decentralized planning, implementation and monitoring.	MoWCD and Statistics, Registrar General India, National Institute for Transforming India Aayog, policy research institutions	25 000	4 000	29 000
	Proportion of Union Government allocations for child-focused policies and programmes Baseline: 3.3% 2017-18 Target: 5% 2022-23	Budget document of national Government					
Business and key business stakeholders demonstrate growing willingness, commitment and resource allocation for protecting and promoting child rights in policy and practice.	Number and percentage of key business stakeholders engaged by UNICEF that commit to respecting children's rights in their core business operations and policies Baseline: TBD Target: 20%	Public Sector Enterprise survey	Output 1: Increase action on the impact of business policies and operations. Output 2: Strengthen contributions of core assets of businesses in support of national Child Rights Agenda.	Ministry of Corporate Affairs MoCA), business networks and coalitions, industry associations, private sector	2 100	2 900	5 000
	Number and percentage of target key business stakeholders that adopt policies and practices aligned with child rights and business practices Baseline: TBD Target: 75%	MoCA annual corporate social responsibility report					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Country programme is effectively and efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of management and programme priority indicators meeting the global scorecard benchmarks Baseline: 80% Target: 100%	Insight Scorecard	Output 1: Guidance, tools and resources to effectively plan and monitor programmes Output 2: Provision of tools, guidance and resources for effective communication Output 3: Increased understanding and action to influence social norms Output 4: Increased capacities to strengthen resilience programming	MoWCD, National Disaster Management Authority	87 715	26 400	114 115
Total resources					**301 615**	**350 000**	**651 615**